



CIB Genomics Core Lab
Affymetrix Sample Submission Form

Date: _____

PI Name: _____

Contact: _____

Department _____

UMC _____

E-mail: _____

Phone: _____

Ninglin Yin, Genomics Group Leader
Center for Integrated BioSystems

4700 Old Main Hill

Logan, UT 84322-4700

(435)797-8218 or (435)760-3688

Fax: (435)797-2766

e-mail: usudna@aggiemail.usu.edu

Billing Questions:

Brent Paskett (435) 797-8780

Lab Use Only

Date Received: _____

Date Finished: _____

Number of Chips Used: _____

Price Per Chip: _____

Total Cost: _____

Method of Payment

On-campus payment: OCC# _____

Off-campus payment options:

Credit Card (we will contact you)

Purchase Order # _____

PI Signature: _____

Project details:

Circle according to your sample:

1. **Name:** _____

2. **Species:** _____

3. **Array name:** _____ **P.N:** _____

4. **Other:** _____

5. **Sample Type**

Eukaryote

Prokaryote

6. **Details**

tRNA

cDNA

other

7. **Services:**

Full Service (includes QC, labeling, hybrid....)

Minimal Service (hybrid., wash, scan only)

SAMPLE NAME (as on tube)	Sample type	Concent. (ng/μl)	Total Volume (μl)	260/280 ratio	260/230 ratio	Notes
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						
10)						
11)						
12)						